

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1	1										
2												
3												
4												
5												
6												
7												
8	1											
9												
10												
11												
12	1											
13												
14												
15												
16	1											
17												
18												
19												
20	1											
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30	1											
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45												
46												
47												
48												
49												
50												
TOTAL IND.	10											
TOTAL DEP.	26											
TOTAL CLAIMS	36											

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS